



Application for Change: Individual Proprietorship

Subject to verification of compliance with errors and omissions (E&O) insurance and fidelity requirements, this application will become effective within approximately 7 to 10 days of receipt of the properly completed form and fee by the Colorado Division of Real Estate.

Section 1. Personal Information

First Name	M.I.	Last Name	Maiden Name	
Email Address		SSN (required, 24-34-107 C.R.S.)		
Date of Birth	Place of Birth		License # / Expiration Date	
Residence Physical Address		City	State	Zip Code
Home Phone	Mobile Phone			
Mailing Address (if different from above)		City	State	Zip Code

_____ Please check here if the address information listed above requires an update of Division records.

Section 2. Errors and Omissions Insurance & Crime Fidelity Policy Information

Every active community association manager's individual proprietor license shall have in effect a policy of errors and omissions (E&O) insurance and a crime fidelity bond to cover all acts requiring a license. These policies must meet with the requirements listed in Rule D-9 and D-10. Please **initial** the appropriate selection below (or enter "N/A" if the selection does not apply):

_____ (E&O Insurance Company)	_____ (E&O Policy Number)	_____ (Effective Date)	_____ (Expiration Date)
-------------------------------	---------------------------	------------------------	-------------------------

☐ Crime Fidelity Coverage in Effect

I hereby certify that the coverage listed in this section complies with the requirements listed in CAM Rule D-9 and D-10.

_____ (Print Name)	_____ (Signature)	_____ (Date)
--------------------	-------------------	--------------

● **Note:** An individual proprietor is a person who engages in business as an individual natural person with or without a trade name and is not doing business as a corporation, partnership or limited liability company.



Section 3: Indicate the changes to be made

☐ Issue my license as an Individual Proprietorship:

(Print Trade Name if any)

- You **must** include a stamped copy of the filing and authorization of the above name issued by the Secretary of State.
- If trade name has been expired for 1 year or more you must submit a stamped copy of the filing and authorization of the above name issued by the Department of Revenue.

Business address: _____
(Number and Street) (Suite)

(City) (State) (Zip Code)

P.O. Box for mailing purposes: _____
(No.) (City) (State) (Zip Code)
Note: P.O. Box number is not acceptable in place of a physical address.

Business Phone Number: (____) _____

☐ Add or Change Trade Name of Company to:

(Print New Trade Name)

- You **must** include a stamped copy of the filing and authorization of the name change as issued by the Secretary of State.

Please make the changes and issue my license as indicated in this application. I declare under penalty of perjury that, unless exempt, I have complied with the continuing education requirements listed within CAM Rule B and have complied with the errors and omissions insurance and crime fidelity requirements listed in 12-61-1004 C.R.S. and CAM Rules D-9 & D-10.

APPLICANT SIGNATURE _____ **DATE** _____